

Division of School & Community Nutrition Programs

## Checklist of Materials Needed for NSMP SMI Nutritional Analysis

**IMPORTANT: Call your Field Consultant with any questions at (800) 537-1142**

**Include this checklist with your SMI materials**

School Name: \_\_\_\_\_ Agreement #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

✓ **Menus** (please include your menu with your SMI materials)

- ☐ Select a 5-day week previously served
- ☐ Include all choices on the menu and if changes or substitutions were made

✓ **NSMP Nutrient Standard Menu Planning**

- ☐ Nutrient Analysis Spreadsheets
- ☐ Weighted or Simple Averaging \_\_\_\_\_
- ☐ Software Used \_\_\_\_\_
- ☐ Age/Grade Grouping used \_\_\_\_\_

✓ **Daily Production Records** (if menus centrally analyzed, please provide production records for those schools with the same age/grade groups that also use the same central menu)

**Please include the following information on each production record:**

- |   |  |                        |
|---|--|------------------------|
| <input type="checkbox"/> Site name, meal date, and menu type (breakfast/lunch)  | <input type="checkbox"/> Planned/projected number of portions  |                        |
| <input type="checkbox"/> Indicate whether Offer vs. Serve   | <input type="checkbox"/> Total amount of food prepared   |                        |
| <input type="checkbox"/> All planned menu items, including condiments, milk, and desserts   | <input type="checkbox"/> Leftovers   |                        |
| <input type="checkbox"/> Form (i.e., canned, frozen, raw, cooked, etc.), pack size (size of can, amount used, etc.), and pack medium (light syrup, heavy syrup, own juices, etc.) | <input type="checkbox"/> Actual number of reimbursable meals served, as well as adult meals and a la carte items |                        |
| <input type="checkbox"/> Serving sizes for each age and grade group, including condiments   | <input type="checkbox"/> Note if a recipe was used   |                        |
| <input type="checkbox"/> Projected amount and types of milk taken (please indicate below)   | <input type="checkbox"/> Projected amount of each condiment taken  |                        |
| Skim White _____%   | 1% Chocolate _____%  | Other (please specify) |
| Skim Chocolate _____%   | 2% White _____%  | _____%                 |
| 1% White _____%   | 2% Chocolate _____%  | _____%                 |

✓ **Recipes** (recipes should be included for any menu item that contains more than one ingredient)

- |  |   |
|--|---|
| <input type="checkbox"/> All ingredients   | <input type="checkbox"/> Serving sizes        |
| <input type="checkbox"/> Measures and amounts of each ingredient   | <input type="checkbox"/> Yield made by recipe |
| <input type="checkbox"/> If using a USDA recipe, include recipe name and number and use of alternate or optional ingredients |   |

✓ **Nutrition Fact Sheets, CN Labels, Product Labels**

- ☐ Include nutrition fact sheet or CN Label for each food item listed on your menu including condiments and milk
- ☐ Product labels are very helpful when conducting a nutrient analysis so please include them if possible

✓ **Other Documents for Consultant Review**

- ☐ Wellness Policy
- ☐ HACCP Plan (Food Safety)